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26794 7590 12/22/2004

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4550 NEW LINDEN HILL ROAD, SUITE 450  
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03/18/2005 RMEBRAH1 00000122 231950 10614495

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ROBERT KAPALKA (Depositor's name)  
Robert Kapalka (Signature)  
3/17/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/614,495	07/07/2003	Robert Ian Gresham	18054	9267

TITLE OF INVENTION: ABSORPTIVE MICROWAVE SINGLE POLE SINGLE THROW SWITCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/22/2005

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHOE, HENRY	2817	330-254000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

M/A-COM, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lowell, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee  
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robert Kapalka

Date

3/17/05

Typed or printed name

ROBERT KAPALKA

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34198

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